



PATIENT

Minnie Lush

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6 years

WEIGHT

9.9 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

15951

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Decreased appetite, icteric, lethargic and vomiting for 2 weeks. Weight loss of 8 lbs since Oct 2022. In hospital on IVF.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, severe icterus (skin, sclera, mm), BCS 3/9, dehydration 5-8%. Hct 27%, Lymphopenia. ALP 862, ALT 323, GGT 13, T. Bili 6.2, Na 148, K 3.3, Cl 103 RADS: abnormal caudal margin of liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone containing anechoic urine. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen was subnormal in size measuring 0.45 cm width.

Liver/ Gallbladder

The liver presented moderately increased in size with swollen contour. Essentially uniform increased hepatic parenchyma echogenicity compared to the falciform fat and spleen was present with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized splenic masses or nodules were noted. The gallbladder was non-distended in size with primarily anechoic content. Possible indistinct division of the gallbladder into two compartments, potentially consistent with bilobed gallbladder which is a normal variant in a cat, was noted. Although, possible overlying dilated cystic duct is possible. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction. The common bile duct measured 0.30 cm in diameter containing anechoic content.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.20 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting uniform parenchyma hyperechogenicity
- Nondistended possible bilobed gallbladder, mild nonobstructive proximal common bile duct dilation
- Overtly normal gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lipidosis, vacuolar hepatic changes, cholangitis / cholangiohepatitis, and infiltrative round cell neoplasia are all potentials. Assuming normal clotting status and using a vitamin K pretreatment, hepatic FNA cytology using a 25-gauge needle is recommended for further clarification with potential identification of inflammatory cell type if present. No overt evidence of concurrent pancreatitis, gastrointestinal disease, or post hepatic obstructive criteria. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal and pancreatic disease as a contributing factor and/or Triad Disease.

Esophageal tube placement may be indicated if hepatic lipidosis is confirmed. Empirically, therapy for lipidosis / cholangiohepatitis with as-needed gastrointestinal support would be reasonable.



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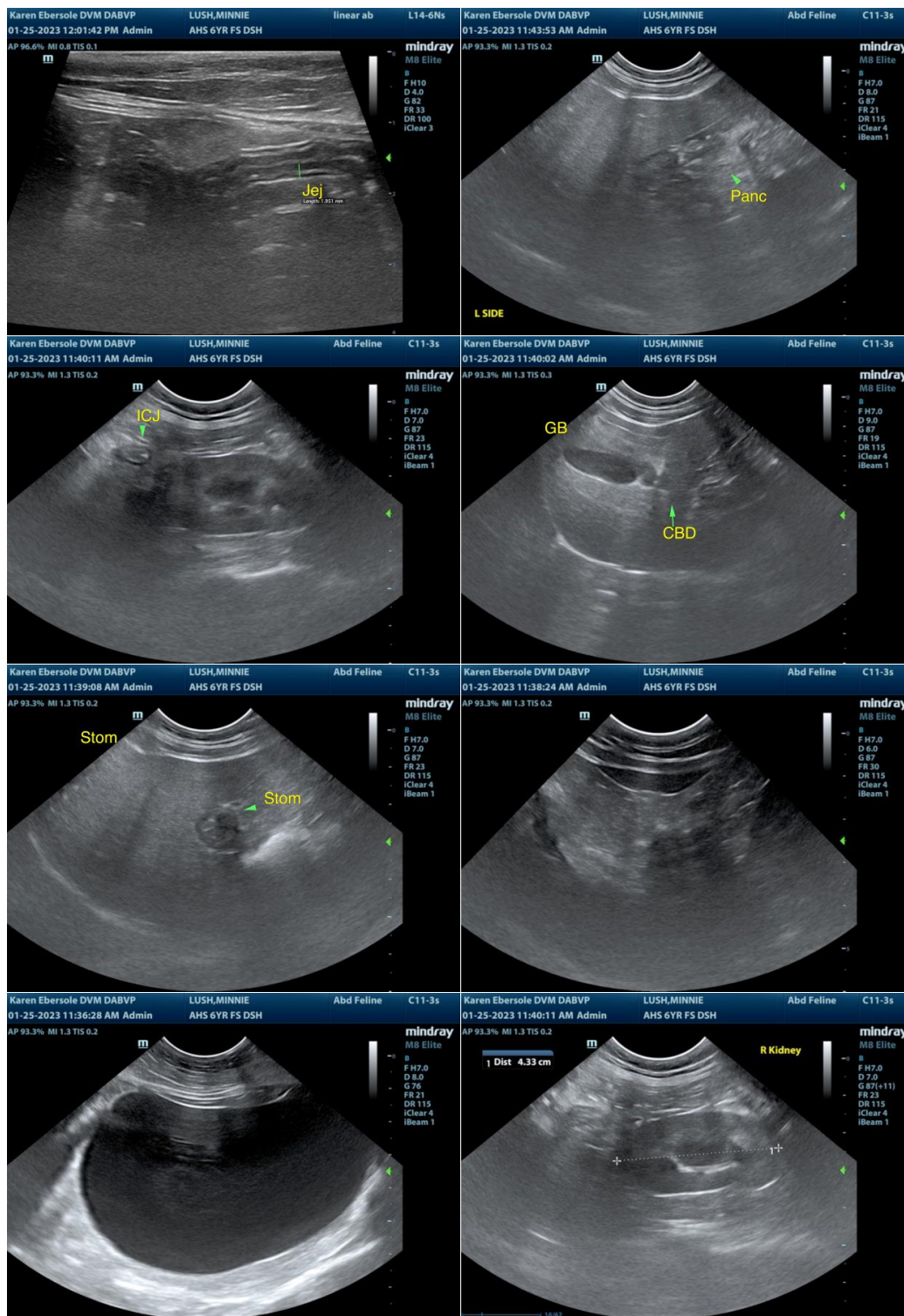
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com